		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
(Rev. 04/18; WDVA Rev. 02/19)		TRANSCRIPT ORDER FORM		DUE DATE:	
Please Read Instructions on Page 2.					
1. REQUESTOR'S INFORMATION:		NAME	TELEPHONE N	TELEPHONE NUMBER	
		Jonathan Shaw 310-593-4933			
DATE OF REQUEST		EMAIL ADDRESS (Transcript will be emailed to this address.)			
9/27/19		jshaw@hawkridgellc.com			
MAILING ADDRESS		,	CITY, STATE, ZI	CITY, STATE, ZIP CODE	
12424 Wilshire Bly	d, #1430		Los Angeles, C	Los Angeles, CA 90025	
2. TRANSCRIPT REQUESTED:		NAME OF COURT REPORTER			
		Ella Surber			
		OR CHECK HERE FIF HEARING WAS RECORDED BY FTR			
CASE NUMBER		CASE NAME	JUDGE'S NAME		
1:19CR16		USA v. Indivior, Inc. and Indivior, PLC	Pamela Meade	Pamela Meade Sargent	
DATE(S) OF PROCEEDING(S)		TYPE OF PROCEEDING(S)	LOCATION OF F	PROCEEDING	
8/9/19		Conferencec Call	Abdington		
REQUEST IS FOR: (S	elect one)	FULL PROCEEDING OR S	SPECIFIC PORTION(S) (Must specify below)	
SPECIFIC PORTION(S) REQUESTED (If applicable):					
3. SERVICE TURNAROUND CATEGORY REQUESTED:					
(See Page 2 for descriptions of each service turnaround category.)					
Ordinary (30-Da	ay)	Daily			
14-Day		Hourly	Hourly		
Expedited (7-Da	ıy)	RealTime	RealTime		
3-Day					
4. CERTIFICATION : By signing below, I certify that I will pay all charges (deposit plus additional).					
		GNATURE			
9/26/19 Jonathan Shaw					

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to CRC@vawd.uscourts.gov.

Transcript Fee Rates can be found on our website under Standing Orders at:

http://www.vawd.uscourts.gov/media/1576/transcripts2018-3.pdf

NOTE: Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.